

H H L

Date: August 21, 2008  
To: Judge Brown and Judge Gottschall  
From: Francine Yates  
Re: Brief for Case 08C 4566

Attached you will find seven sets of documents which are related to the plaintiff; Francine Yates', medical records while she was an employee with the Chicago Transit Authority. These medical records also pertain to the case of 08C 4566. One set of documents are for each judge assigned in this particular case and the remaining five sets are to be attached and mailed with the briefs which were submitted for the defendants. These documents are to be used as additional references and substantial evidence in the case 08C 4566 against the defendants. The defendants in case 08C 4566 are The CTA, The City of Chicago, The State of Illinois, Unicare Health Insurance and Sedgwick CMS. These documents were not included in the brief when it was submitted for indigent status approval because I am financially impoverished and I had to scrape up money in an effort to make the copies. If you have any questions or concerns, please call me at (708) 841-6417. Thanks!

FILED

AUG 21 2008 YM  
8-21-2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Francine Yates  
FRANCINE YATES

**MEDICAL EXAMINATION REPORT**

To Gen Mgr. Location M. Mart 786 Date 11-06-08  
Room No.

Employee YATES Francine Employee No. \_\_\_\_\_

was found physically ☒ (fit) ☐ (unfit) to work as a Sr. Analyst

Type of Examination: Special per Dept

Remarks: Left med. Dept. 3 AM

Absent from duty since \_\_\_\_\_

Signed [Signature] M.D.

EXHIBIT 10



## MEMORANDUM

TO: File

FROM: Paul F. Fish   
Vice President, Capital Investment

DATE: November 14, 2003

SUBJECT: Request for Special Medical Assessment for Francine Yates (I.D. 41648)

The purpose of this memo is to document the reasons for my request that a special medical assessment be made on the above employee.

Ms. Yates has been an employee of the CTA and the Capital Investment Department since March 25, 2002. Her current position is Financial Analyst III.

I am requesting a special medical assessment for Ms. Yates for the following reasons:

Over the past 4-6 months there has been a gradual, although dramatic, alteration in Ms. Yates' demeanor and general behavior. I have based this conclusion on changes which I have personally observed as well as on interviews I have had with her supervisor, the general manager, as well as with many of her co-workers.

There has been a general deterioration in her appearance, including grooming and dress. When she began working in Capital Investment, she normally wore appropriate business attire, which included business suits, and she was well groomed. In the recent months, Ms. Yates has often appeared ill-kempt in informal or soiled clothing, e.g. sweat pants and bedroom slippers.

Ms. Yates has exhibited increasingly bizarre and inappropriate behavior including laughter at inappropriate times, random noises, talking to herself, etc. This has been generally disruptive to the workplace environment. Further, Ms. Yates has exhibited a growing degree of paranoia, which she has expressed as people staring at her, plotting against her, picking on her, spying on her, and generally conspiring to harass her. On several occasions she has addressed her co-workers and supervisor with inappropriate verbal outbursts, accusing them of conspiracy and harassment. Employees at whom these outbursts have been directed include Endee Godson, Ian Pruitt, Ron Durr, Vernell Pouncey, as well as her supervisor Ernest Payne, in several incidents occurring between July and November 2003.

Finally, Ms. Yates' behavior has created an atmosphere of fear in the workplace. Her co-workers fear her irrational accusations and verbal outbursts. On November 12, 2003, following the most recent verbal outburst directed at a co-worker, Ms. Yates called 911 and requested assistance from the Chicago Police Department. After interviewing Ms. Yates, the police officers indicated that there was no basis for police involvement. Many of Ms. Yates' co-workers have expressed concerns that she will direct future outbursts at them. This has resulted in a deteriorating work environment, which is unpleasant, unhealthy, and often threatening.

In September 2003, I advised Ms. Yates of the availability of CTA's Employee Assistance Program (EAP) and suggested that she contact the EAP for assistance. I also referred her to CTA's medical unit in September 2003.

Based on this information, I recommended a special medical assessment for Ms. Yates.

EXHIBIT D



November 25, 2003<sup>15</sup>

TO: Francine Yates

FROM: Paul F. Fish, Vice President, Capital Investment

RE: Medical Referral

Due to ongoing concerns with your office demeanor and behavior, I am recommending that you seek medical attention before returning to work. I am removing you from service effective immediately until Monday December 1, 2003<sup>16</sup>

Before returning to work on that date, please call Sedgwick, CMS and consult with your doctor. When you return to work, please provide documentation that you have seen your doctor.

EXHIBIT 1-12

**MEDICAL HISTORY:**

**MEDICATIONS:**

**SIDE EFFECTS OF MEDICATION:**

OTHER PROBLEMS:

PHYSICAL EXAMINATION:

Temp.            Pulse            Resp           

N	ABN	REGION
<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	Neurological

DESCRIBE ABNORMALITIES

**SPECIAL TESTS:**

Urinalysis: PH \_\_\_\_\_ Albumen \_\_\_\_\_ Sugar \_\_\_\_\_ Bl. \_\_\_\_\_

### Audiogram.

**ECG**

**DIAGNOSIS:**

DISPOSITION: ☒ Fit for ☐ Regular Duty ☒ Unfit for any work Appt. Date \_\_\_\_\_

REMARKS:

Date \_\_\_\_\_

**Signed**

M.D.

Notes



**Chicago Transit Authority**

*Merchandise Mart Plaza, Room 742*

Name

*Frankie Yates*

Appointment Date

*June 3/08* *A* M.

**PLEASE REPORT TO BENEFIT SERVICES, ROOM 750, BEFORE  
REPORTING TO MEDICAL.**

If you are unable to keep this appointment, call the **BENEFIT SERVICES  
DEPARTMENT**, Telephone 664-7200, ext. 3613, 3614 or 3615.  
*Failure to comply will result in loss of benefits.*

**PLEASE BRING THIS SLIP WITH YOU**

718.08 (rev. 01/91) Personnel Administration, Medical

EXHIBIT 29

**MEDICAL EXAMINATION REPORT**

To Gen Mgr. Location M. Mart 486 Date 11-06-08  
Room No. \_\_\_\_\_

Employee YATES Francine Employee No. \_\_\_\_\_

was found physically ☒ (fit) ☐ (unfit) to work as a Sr. Analyst

Type of Examination: Special per Repl

Remarks: Left med. Dept. 3 AM

Absent from duty since \_\_\_\_\_

Signed [Signature] M.D.

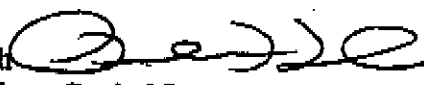
EXHIBIT 10





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Vice President, Capital Investment

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EXHIBIT D



November 25, 2003<sup>th</sup>

TO: Francine Yates

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RE: Medical Referral

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Before returning to work on that date, please call Sedgwick, CMS and consult with your doctor. When you return to work, please provide documentation that you have seen your doctor.

EXHIBIT 10

# MEDICAL EXAMINER'S REPORT

**MEDICAL EXAMINER'S REPORT**

NAME VATES, FRANCINE Emp. No. 41648 Age 36

Occupation SR. CIP Project Analyst Dept. Capital Investment Entered Service Date 03-25-02

Type of Examination Dis Claim Absent since 11-26-03

**MEDICAL HISTORY:**

06 MAY 27 11 08:04

**MEDICATIONS:**

**SIDE EFFECTS OF MEDICATION:**

OTHER PROBLEMS:

PHYSICAL EXAMINATION:

Temp. 101.0 Pulse 100 Resp 20

BE

N	ABN	REGION
<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	Neurological

DESCRIBE ABNORMALITIES

UGA - Jung @ Lisa

**SPECIAL TESTS:**

Urinalysis: PH \_\_\_\_\_ Albumen \_\_\_\_\_ Sugar \_\_\_\_\_ Bilirubin \_\_\_\_\_

### Audiogram

**ECG**

**DIAGNOSIS:**

DISPOSITION: ☒ For ☐ Regular Duty ☒ Unfit for any work Appt. Date \_\_\_\_\_

## REMARKS:

Date \_\_\_\_\_

**Signed**

M.D

**Front**

EXHIBIT

DEA # AMB456471

KUMAR MOOLAYIL, M.D.  
15475 SOUTH PARK AVENUE  
SUITE 102  
SOUTH HOLLAND, IL 60473  
708-596-2211

yl

NAME

Francine Yates

ADDRESS

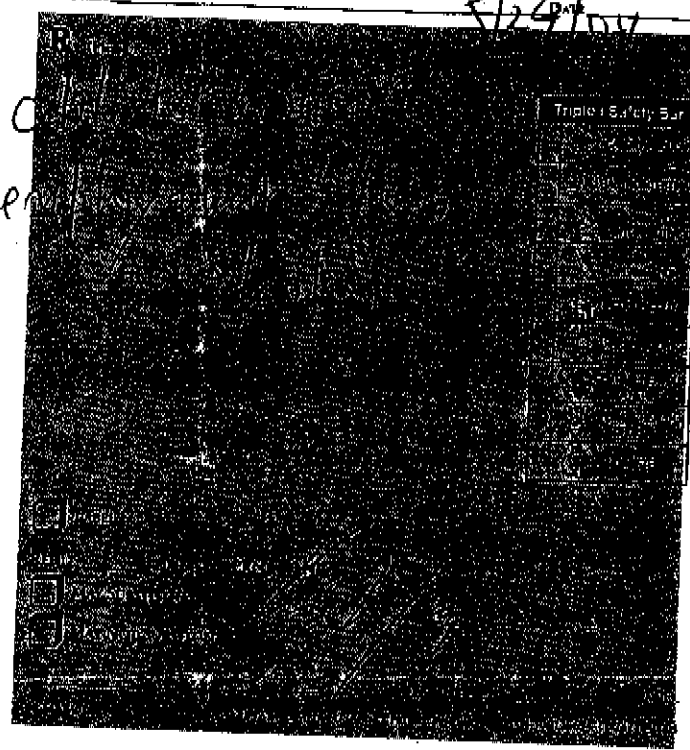
5124/100

EXHIBIT 17

**Chicago Transit Authority**

Merchandise Mart Plaza, Room 742

Name

*Francine Yates*

Appointment Date

*June 8/08* *A* M.

**PLEASE REPORT TO BENEFIT SERVICES, ROOM 750, BEFORE REPORTING TO MEDICAL.**

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**PLEASE BRING THIS SLIP WITH YOU**

71B.08 (rev. 01/91) Personnel Administration, Medical

EXHIBIT 29

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To Gen Mgr. Location M. Mart 786 Date 11-06-08  
Room No. \_\_\_\_\_

Employee YATES Francine Employee No. \_\_\_\_\_

was found physically ☒ (fit) ☐ (unfit) to work as a Sr. Analyst

Type of Examination: Special per Dept

Remarks: Left med. Dept. 3 AM

Absent from duty since \_\_\_\_\_

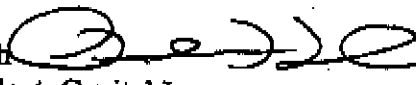
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EXHIBIT D



November 25, 2008<sup>th</sup>

TO: Francine Yates

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RE: Medical Referral

Due to ongoing concerns with your office demeanor and behavior, I am recommending that you seek medical attention before returning to work. I am removing you from service effective immediately until Monday December 1, 2008<sup>th</sup>

Before returning to work on that date, please call Sedgwick, CMS and consult with your doctor. When you return to work, please provide documentation that you have seen your doctor.

EXHIBIT 12



**MEDICAL HISTORY:**

04 MAY 27 11 08:04

**MEDICATIONS:**

**SIDE EFFECTS OF MEDICATION:**

OTHER PROBLEMS:

**PHYSICAL EXAMINATION:**

Temp.

Pulse

**Resp.**

BF

N	ABN	REGION
<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	Neurological

DESCRIBE ABNORMALITIES

U9A - Jung @ class

**SPECIAL TESTS:**

Urinalysis: PH

## Albumen

## Sugar

BI

### Audiogram

ECG

**DIAGNOSIS:**

**DISPOSITION:**

FX for

☐ Regular Duty☒ Unfit for any work

Appt. Date \_\_\_\_\_

REMARKS:

Date \_\_\_\_\_

**Signed**

M.D

front



**Chicago Transit Authority**

Merchandise Mart Plaza, Room 742

Name

Francine Yates

Appointment Date

June 3/08 At A M.**PLEASE REPORT TO BENEFIT SERVICES, ROOM 750, BEFORE REPORTING TO MEDICAL.**

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718.08 (rev. 01/91) Personnel Administration, Medical

EXHIBIT 29

**MEDICAL EXAMINATION REPORT**

To Gen Mgr. Location M. Mart 786 Date 11-06-09  
Room No. \_\_\_\_\_

Employee YATES Francine Employee No. \_\_\_\_\_

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Type of Examination: Special per Dept

Remarks: Left med. Dept. 3 AM

Absent from duty since \_\_\_\_\_


Signed [Signature] M.D.

EXHIBIT 10



# MEMORANDUM

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EXHIBIT D



November 25, 2004<sup>17</sup>

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A handwritten signature in black ink, appearing to read "P. Fish", written over the "FROM:" line.

RE: Medical Referral

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EXH 101-1

**MEDICAL EXAMINER'S REPORT**

NAME VATES, FRANCINE

Emp. No. 41648 Age 36

NAME VATES, FRANCINE Entered 03-20-02  
Occupation Sr. CIP Project Analyst Dept. Capital Investment Service Date 03-20-02  
Absent since 11-26-03

Occupation Sr. CIP Project Mgr Dept. CAPM  
Type of Examination Dis Claim Absent since 11-26-03  
I have been sick since

Type of Examination. \_\_\_\_\_

**MEDICAL HISTORY:**

04 MAY 20 AM 8:04

**MEDICATIONS:**

SIDE EFFECTS OF MEDICATION:

OTHER PROBLEMS:

PHYSICAL EXAMINATION:

Temp.            Pulse            Resp           

DESCRIBE ABNORMALITIES

N	ABN	REGION
<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	Neurological

**Other:**

**SPECIAL TESTS:**

Urinalysis: PH \_\_\_\_\_ Albumen \_\_\_\_\_ Sugar \_\_\_\_\_ Bl. \_\_\_\_\_

### Audiogram

~~ECG~~

**DIAGNOSIS:**

DISPOSITION: ☒ For ☐ Regular Duty ☒ Unfit for any work Appt. Date

**DISPOSITION:**

REMARKS:

**Date**

**Signed**

EXHIBIT

M.D.

## Abstract







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Name

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Appointment Date

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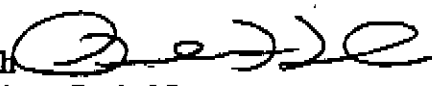
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EXHIBIT 17

**MEDICAL HISTORY:**

**MEDICATIONS:**

**SIDE EFFECTS OF MEDICATION:**

OTHER PROBLEMS:

**PHYSICAL EXAMINATION:**

Temp.            Pulse            Resp           

N	ABN	REGION
<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	Neurological

DESCRIBE ABNORMALITIES

**SPECIAL TESTS:**

Urinalysis: PH \_\_\_\_\_ Albumen \_\_\_\_\_ Sugar \_\_\_\_\_ Bl \_\_\_\_\_

### Audiogram

**ECG**

**DIAGNOSIS:**

DISPOSITION: ☒ For ☐ Regular Duty ☒ Unfit for any work Appt. Date \_\_\_\_\_

REMARKS:

Date \_\_\_\_\_

**Signed**

M.D.

**ကုမ္ပဏီ**

KUMAR MOOLAYIL, M.D.  
13473 SOUTH PARK AVENUE  
SUITE 102  
SOUTH HOLLAND IL 60473  
708-596-2211



7P FRANCINE Jules 4/26/04

**ADDRESS**

**R** (Please Print)

B (Please Print)  
 Her name is unavailable  
 was born 11/21/83  
 through today  
 Expected date of  
 delivery is unknown  
1/2/84

71 张

1997

12/24/2000



1

EXHIBIT C

**Chicago Transit Authority**

*Merchandise Mart Plaza, Room 742*

Name

*Francine Yates*

Appointment Date

*June 3/08* *A* M.

**PLEASE REPORT TO BENEFIT SERVICES, ROOM 750, BEFORE  
REPORTING TO MEDICAL.**

If you are unable to keep this appointment, call the **BENEFIT SERVICES  
DEPARTMENT**, Telephone 664-7200, ext. 3613, 3614 or 3615.  
*Failure to comply will result in loss of benefits.*

**PLEASE BRING THIS SLIP WITH YOU**

718.06 (rev. 01/81) Personnel Administration, Medical

*EXHIBIT 29*

**MEDICAL EXAMINATION REPORT**

To Gen Mgr. Location M. Mart 786 Date 11-06-08  
Room No. \_\_\_\_\_

Employee YATES Francine Employee No. \_\_\_\_\_

was found physically ☒ (fit) ☐ (unfit) to work as a Sr. Analyst

Type of Examination: Special per Dept

Remarks: Left med. Dept. 3 AM

Absent from duty since \_\_\_\_\_

Signed [Signature] M.D.

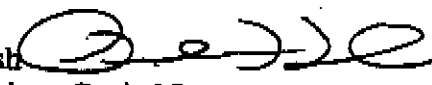
EXHIBIT 10





# MEMORANDUM

**TO:** File

**FROM:** Paul F. Fish   
Vice President, Capital Investment

**DATE:** November 14, 2003

**SUBJECT:** Request for Special Medical Assessment for Francine Yates (I.D. 41648)

The purpose of this memo is to document the reasons for my request that a special medical assessment be made on the above employee.

Ms. Yates has been an employee of the CTA and the Capital Investment Department since March 25, 2002. Her current position is Financial Analyst III.

I am requesting a special medical assessment for Ms. Yates for the following reasons:

Over the past 4-6 months there has been a gradual, although dramatic, alteration in Ms. Yates' demeanor and general behavior. I have based this conclusion on changes which I have personally observed as well as on interviews I have had with her supervisor, the general manager, as well as with many of her co-workers.

There has been a general deterioration in her appearance, including grooming and dress. When she began working in Capital Investment, she normally wore appropriate business attire, which included business suits, and she was well groomed. In the recent months, Ms. Yates has often appeared ill-kempt in informal or soiled clothing, e.g. sweat pants and bedroom slippers.

Ms. Yates has exhibited increasingly bizarre and inappropriate behavior including laughter at inappropriate times, random noises, talking to herself, etc. This has been generally disruptive to the workplace environment. Further, Ms. Yates has exhibited a growing degree of paranoia, which she has expressed as people staring at her, plotting against her, picking on her, spying on her, and generally conspiring to harass her. On several occasions she has addressed her co-workers and supervisor with inappropriate verbal outbursts, accusing them of conspiracy and harassment. Employees at whom these outbursts have been directed include Endee Godson, Ian Pruitt, Ron Durr, Vernell Pouncey, as well as her supervisor Ernest Payne, in several incidents occurring between July and November 2003.

Finally, Ms. Yates' behavior has created an atmosphere of fear in the workplace. Her co-workers fear her emotional accusations and verbal outbursts. On November 12, 2003, following the most recent verbal outburst directed at a co-worker, Ms. Yates called 911 and requested assistance from the Chicago Police Department. After interviewing Ms. Yates, the police officers indicated that there was no basis for police involvement. Many of Ms. Yates' co-workers have expressed concerns that she will direct future outbursts at them. This has resulted in a deteriorating work environment, which is unpleasant, unhealthy, and often threatening.

In September 2003, I advised Ms. Yates of the availability of CTA's Employee Assistance Program (EAP) and suggested that she contact the EAP for assistance. I also referred her to CTA's medical unit in September 2003.

Based on this information, I recommended a special medical assessment for Ms. Yates.

EXHIBIT D



November 25, 2008<sup>th</sup>

TO: Francine Yates

FROM: Paul F. Fish, Vice President, Capital Investment

A handwritten signature in black ink, appearing to read "P. Fish", is written over the "FROM:" line and extends to the right.

RE: Medical Referral

Due to ongoing concerns with your office demeanor and behavior, I am recommending that you seek medical attention before returning to work. I am removing you from service effective immediately until Monday December 1, 2008<sup>th</sup>

Before returning to work on that date, please call Sedgwick, CMS and consult with your doctor. When you return to work, please provide documentation that you have seen your doctor.

EXHIBIT E

**MEDICAL EXAMINER'S REPORT**

NAME VATES, FRANCINE

**Emp. No**

41648 Age 36

NAME W. H. Lee, Jr.  
Occupation Sr. CIP Project Analyst Dept. 26

## Capital investment

Entered  
Service Date 03-25-02

Type of Examination.

Dis Claim

Absent since 11-26-03

**MEDICAL HISTORY:**

04 MAY 27 HH 8:04

[illegible]

**MEDICATIONS:**

**SIDE EFFECTS OF MEDICATION:**

OTHER PROBLEMS:

PHYSICAL EXAMINATION:

Temp.

### Pulse

**Resp**

BF

140/20

DESCRIBE ABNORMALITIES

Ugh - Jung @ Leo

N	ABN	REGION
<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Other:

**SPECIAL TESTS:**

Urinalysis: PH

## Albumen

**Sugar**

Bl.

### Audiogram

ECG

**DIAGNOSIS:**

Depression - A/O schizophrenic

**DISPOSITION:**

**Fix for**

☐ Regular Duty

☒ ~~Unfit for any work~~

Appt. Date \_\_\_\_\_

## REMARKS:

POSITION: ☒ Fit for ☐ Regular Duty ☒ Unfit for any work Appt. Date 7/1

REMARKS: for placement given to  
take multiple copies

Date \_\_\_\_\_

5/27/04

**Signed**

EXHIBIT

M.D.

**Abstract**

DEA # 11-111111

KUMAR MOOLAYIL, M.D.  
15475 SOUTH PARK AVENUE  
SUITE 102  
SOUTH HOLLAND, IL 60473  
708-596-2211



NAME

ADDRESS

DATE

R (Please Print)

has been unable to  
work since 11/26/03  
(through today)  
Expected date of  
return to work  
is 4/26/04

Time & Safety Bar	
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EXHIBIT C

**Chicago Transit Authority**

Merchandise Mart Plaza, Room 742

Name

Francois Yates

Appointment Date

June 8/08 at A M.**PLEASE REPORT TO BENEFIT SERVICES, ROOM 750, BEFORE  
REPORTING TO MEDICAL.**

If you are unable to keep this appointment, call the **BENEFIT SERVICES  
DEPARTMENT**, Telephone 664-7200, ext. 3613, 3614 or 3615.  
*Failure to comply will result in loss of benefits.*

**PLEASE BRING THIS SLIP WITH YOU**

718.08 (rev. 01/91) Personnel Administration, Medical

EXHIBIT 29